

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10762163  
APPLICANT(S)

FILED DATE 01-20-04

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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10						
11						
12						
13						
14						
15	1					
16		1				
17		1				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	11					
TOTAL CLAIMS	12					

	F		F		F	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						